Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

# Filing at a Glance

Company: Providence Property & Casualty Insurance Co.

Product Name: PPC TRIPRA AR 08 SERFF Tr Num: IRMS-125418521 State: Arkansas

TOI: 16.0 Workers Compensation SERFF Status: Closed State Tr Num: #5412 \$25
Sub-TOI: 16.0004 Standard WC Co Tr Num: PPC TRIPRA AR 08 State Status: Fees verified and

received

Filing Type: Rule Co Status: Reviewer(s): Betty Montesi, Carol

Stiffler, Brittany Yielding

Author: Joyce Janowski Disposition Date: 01/29/2008

Date Submitted: 01/09/2008 Disposition Status: Approved

Effective Date Requested (New): 01/01/2008 Effective Date (New): 01/01/2008

Effective Date Requested (Renewal): Effective Date (Renewal):

State Filing Description:

### **General Information**

Project Name: PPC TRIPRA AR 08 Status of Filing in Domicile: Authorized

Project Number: PPC TRIPRA AR 08 Domicile Status Comments: OK

Reference Organization: NCCI Reference Number: NCCI CW Item #P-1405

Advisory Org. Circular: NCCI CW Item #P-1405

Filing Status Changed: 01/29/2008

State Status Changed: 01/24/2008 Deemer Date:

Corresponding Filing Tracking Number:

Filing Description:

Providence Property & Casualty Insurance Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 –

Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

# **Company and Contact**

#### **Filing Contact Information**

(This filing was made by a third party - irmsactuarialservices)

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

Joyce Janowski, Actuarial Analyst jjanowski@irmsactuary.com 330 S. Executive Drive, Suite 202 (262) 754-1600 [Phone]
Brookfield, WI 53005 (262) 754-1601[FAX]

**Filing Company Information** 

Providence Property & Casualty Insurance Co. CoCode: 28711 State of Domicile: Oklahoma 8000 Warren Parkway, Bldg. 3, Suite 300 Group Code: 3499 Company Type: Property &

Casualty

PO Box 2009

Frisco, TX 75034 Group Name: State ID Number:

(214) 618-6900 ext. [Phone] FEIN Number: 13-4164015

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Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

# **Filing Fees**

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: No

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

# **Correspondence Summary**

### **Dispositions**

Status Created By Created On Date Submitted

Approved Carol Stiffler 01/29/2008 01/29/2008

**Objection Letters and Response Letters** 

Objection Letters Response Letters

Status Created By Created On Date Submitted Responded By Created On Date Submitted

Pending Carol Stiffler 01/09/2008 01/09/2008

Industry Response

**Filing Notes** 

Subject	Note Type	Created By	Created Date Submitted On
Delay in approving your filing	Note To Filer	Carol Stiffler	01/29/2008 01/29/2008
Filing approved?	Note To Reviewer	Joyce Janowski	01/29/2008 01/29/2008
Filing Fee will be sent.	Note To Reviewer	Joyce Janowski	01/11/2008 01/11/2008
Filing Fee	Note To Reviewer	Joyce Janowski	01/09/2008 01/09/2008

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

# **Disposition**

Disposition Date: 01/29/2008

Effective Date (New): 01/01/2008

Effective Date (Renewal):

Status: Approved

Comment:

Rate data does NOT apply to filing.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Propert	y &Approved	Yes
0	Casualty		
Supporting Document	NAIC Loss Cost Filing Document for	Approved	Yes
5	Workers' Compensation		
Supporting Document	NAIC loss cost data entry document	Approved	Yes
Supporting Document	2008 WC TRIPRA Filing	Approved	Yes

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

## **Objection Letter**

Objection Letter Status Pending Industry Response

Objection Letter Date 01/09/2008 Submitted Date 01/09/2008

Respond By Date Dear Joyce Janowski,

This will acknowledge receipt of the captioned filing.

This filing indicates that no fee is necessary and no fee was sent. The filing fee is \$25.00. If you can confirm that the fee will be sent, I can approve the filing retroactively to 1/1/08.

Please feel free to contact me if you have questions.

Sincerely,

Carol Stiffler

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

**Note To Filer** 

#### Created By:

Carol Stiffler on 01/29/2008 09:13 AM

#### Subject:

Delay in approving your filing

#### **Comments:**

I'm sorry for the delay in approving your filing. The reason is that the when the filer sends a note to reviewer instead of responding to an objection letter, then the filing status never changes from Pending Industry Response to Pending State Action on our view. If it (the SERFF status) doesn't change then we have no idea that you have responded unless we open up the filing. I've got about 20 Pending Industry Response filings at this time--so you can see why we rely on the SERFF status change so much. I don't open each filing every day to see if they might have sent a response. I open the ones where the SERFF status changed because the filer sent a response to an objection report.

I will admit that the note to reviewer does show in in the Message center but on our side--at least for me--the message center is a real pain to use.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

#### **Note To Reviewer**

## Created By:

Joyce Janowski on 01/29/2008 08:12 AM

### Subject:

Filing approved?

### Comments:

The filing fee has been verified and received. Has this filing been approved and closed?

Thank you.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

#### **Note To Reviewer**

## Created By:

Joyce Janowski on 01/11/2008 08:06 AM

## Subject:

Filing Fee will be sent.

### Comments:

The filing fee of \$25 will be sent.

Thank you.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

#### **Note To Reviewer**

## Created By:

Joyce Janowski on 01/09/2008 01:00 PM

## Subject:

Filing Fee

### Comments:

Oklahoma is the domicile state. No filing fee for rule.

Please advise if this would apply with Arkansas.

Thank you.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

# **Rate Information**

Rate data does NOT apply to filing.

Company Tracking Number: PPC TRIPRA AR 08

TOI: 16.0 Workers Compensation Sub-TOI: 16.0004 Standard WC

Product Name: PPC TRIPRA AR 08

Project Name/Number: PPC TRIPRA AR 08/PPC TRIPRA AR 08

## **Supporting Document Schedules**

**Review Status:** 

Satisfied -Name: Uniform Transmittal Document- Approved 01/29/2008

Property & Casualty

Comments:

Attachment:

pc\_trans.pdf

**Review Status:** 

Bypassed -Name: NAIC Loss Cost Filing Document Approved 01/29/2008

for Workers' Compensation

Bypass Reason: This is not a loss cost filing.

**Comments:** 

**Review Status:** 

Bypassed -Name: NAIC loss cost data entry document Approved 01/29/2008

Bypass Reason: This is not a loss cost filing.

**Comments:** 

**Review Status:** 

Satisfied -Name: 2008 WC TRIPRA Filing Approved 01/29/2008

**Comments:** 

Providence Property & Casualty Insurance Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

Attachment:

TRIPRA PPC 08.pdf

# Property & Casualty Transmittal Document (Revised 1/1/06)

-1	December 1 fr I-	2. Ins	urance	Department	Use o	nlv		
1.	1. Reserved for Insurance Department Use only  a. Date the filing is received:							
	Dept. Ost Omy	b. Analyst:						
		c. Disposition:						
		1 1	e of disposition of the filing:					
		e. Effe		ate of filing: Business				
				ewal Business				
		f. Stat	re Filing #:					
		g. SEF	RFF Fili	 na #:				
		h. Sub						
			Ject Co	ues				
3.	Group Name							Group NAIC #
4.	Company Name(s)			Domicile		NAIC #		FEIN#
	Providence Property & Casual	ty Insurand	ce Co.	ОК		28711		
	8000 Warren Parkway, Bldg. I	II, Suite 30	0					
	PO Box 2009							
	Frisco, TX 75034							
5.	Company Tracking Number		Р	PC TRIPRA	AR 08			
					-			
Con	tact Info of Filer(s) or Corporate	Officer(s)	[includ	e toll-free numb	per]			
Cor 6.	Name and address	Title	T	elephone #s		FAX #		e-mail
	Name and address Joyce Janowski	Title Actuarial	26	<b>elephone #s</b> 62-754-1600		FAX # 754-1601		owski@irmsactuar
	Name and address Joyce Janowski IRMS Actuarial Services	Title	26	elephone #s			jjano y.co	owski@irmsactuar
	Name and address  Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive,	Title Actuarial	26	<b>elephone #s</b> 62-754-1600				owski@irmsactuar
	Name and address Joyce Janowski IRMS Actuarial Services	Title Actuarial	26	<b>elephone #s</b> 62-754-1600				owski@irmsactuar
	Name and address  Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202	Title Actuarial	26	<b>elephone #s</b> 62-754-1600				owski@irmsactuar
6.	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005	Title Actuarial	26	<b>elephone #s</b> 62-754-1600				owski@irmsactuar
	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005  Signature of authorized filer	Title Actuarial Analyst	26	<b>elephone #s</b> 62-754-1600				owski@irmsactuar
6.	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005	Title Actuarial Analyst	26 ex	<b>elephone #s</b> 62-754-1600	262-			owski@irmsactuar
7. 8. Filii	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005  Signature of authorized filer Please print name of authorize ng information (see General I	Title Actuarial Analyst	Jos for des	elephone #s 62-754-1600 kt. 14 byce Janowski	262-	754-1601		owski@irmsactuar
7. 8. Filii 9.	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005  Signature of authorized filer Please print name of authorized ing information (see General Interpretation)	Title Actuarial Analyst ed filer nstructions	Jos for des	elephone #s 62-754-1600 kt. 14 byce Janowski	262-	754-1601		owski@irmsactuar
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7. 8. Filii 9. 10. 11. 12. 13.	Name and address Joyce Janowski IRMS Actuarial Services 330 S. Executive Drive, Suite 202 Brookfield, WI 53005  Signature of authorized filer Please print name of authorized information (see General Interpretation (see General Interpretation) Sub-Type of Insurance (TOI) Sub-Type of Insurance (Sub-State Specific Product code applicable)[See State Specific Red Company Program Title (Mar-Filing Type  Effective Date(s) Requested Reference Filing? Reference Organization (if a	Title Actuarial Analyst  ed filer nstructions  o-TOI) (s)(if juirements] keting title)	To   26   ex	elephone #s 62-754-1600 kt. 14  byce Janowski scriptions of the kers Compens  RA AR 08 ate/Loss Cost orms [ ] Com /ithdrawal[ ] Com /ithdrawal[ ] No   1/1/2008 Yes [ ] No   1008 2007	262- nese fiesation  [ X ] nbinatio	Rules [ ] on Rates/Ru	Rates ules/Fription	s/Rules Forms

# **Property & Casualty Transmittal Document—**

20.	This filing transmittal is part of Company Tracking #   PPC TRIPRA AR 08
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
	vidence Property & Casualty Insurance Company wishes to adopt the item filing NCCI Countrywiden #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.
22.	Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	neck #: nount:
	r to each state's checklist for additional state specific requirements or instructions on ulating fees.
	Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies uired, other state specific forms, etc.)

PC TD-1 pg 2 of 2

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## RATE/RULE FILING SCHEDULE

(This form must be provided ONLY when making a filing that includes rate-related items such as Rate; Rule; Rate & Rule; Reference; Loss Cost; Loss Cost & Rule or Rate, etc.)

(Do not refer to the body of the filing for the component/exhibit listing, unless allowed by state.)

This filing transmittal is part of Company Tracking # | PPC TRIPRA AR 08

1.	1. This ming transmittar is part of Company Tracking #					PRA AR UO	
2.	This filing corresponds to form filing number (Company tracking number of form filing, if applicable)						
□ Rate Increase Rate Decrease				X Rat	te Neutral (0%)		
3.	Filing M	ethod (Prior A	pproval, File	& Use, Flex Band	, etc.) Pri	ior Approval	
4a.		,	• •	nange by Compar			
Col	mpany	Overall %	Written	# of	Written	Maximum	Minimum
	lame	Rate	premium	policyholders	premium	% Change	% Change
		Impact	change for	affected	for this	(where	(where
		-	this	for this	program	required)	required)
			program	program			
4b.				Company (As Acc			<u> </u>
	mpany	Overall %	Written	# of	Written	Maximum	Minimum
N	lame	Rate	premium	policyholders	premium	% Change	% Change
		Impact	change for	affected	for this		
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				ium change for			
5b	this prog	_	•	J			
5c	Effect of affected	f Rate Filing –	Number of po	olicyholders			
	anecteu						
6.	Overall	percentage of	last rate revis	sion			
7.	Effective	Date of last i	ate revision				
8.		ethod of Last		and etc )			
	(Prior Approval, File & Use, Flex Band, etc.)						
9.	Rule # or Page # Submitted   Replacement   or withdrawn?					number,	
9.	IOI ICCVI	or withdrawn?				if required by state	
				[ ] New			un ou by oldio
01				[] Replacement			
UI				[ ] Withdrawn			
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UΖ				[ ] Withdrawn			
				[] New			
03				[ ] Replacement			
				[ ] Withdrawn			



January 7, 2008

Julie Benafield Bowman Commissioner Arkansas Department of Insurance 1200 West Third Street Little Rock, Arkansas 72201-1904

Re: Providence Property & Casualty Insurance Company NAIC #28711 2008 Workers Compensation TRIPRA Filing

Dear Ms. Bowman:

Providence Property & Casualty Insurance Company wishes to adopt the item filing NCCI Countrywide Item #P-1405 – Terrorism Risk Insurance Program Reauthorization Act of 2007 by reference.

If you have any questions with this filing, please do not hesitate to contact us.

Sincerely,

Joyce Janowski Actuarial Analyst

jjanowski@irmsactuary.com

(262) 754-1600 ext. 14